

2000-01 [_]P-1 [_]P-2 [_]AN

County District

Z

(State Use Only)

SCHEDULE Z
SCHEDULE FOR DETERMINING 2000-01 COMMUNITY DAY SCHOOL ADDITIONAL FUNDING

Reference: Education Code Section 48664

A. 2000-01 ADA for Mandatory Expelled Pupils [E.C. 48915(d)]

1. ADA qualifying for 5th hour additional
funding (Form J-18/19, Line O-1a).....(A-1)

_____.

001

2. ADA qualifying for 6th hour additional
funding (Form J-18/19, Line O-1b).....(A-2)

_____.

003

3. Sum of Lines A-1 and A-2.....(A-3)

_____.

005

4. Multiply Line A-3 times \$2,191 (Round to a whole number)...(A-4)

007

\$ _____

B. ADA for All Other Community Day School Pupils

1. Maximum ADA to be Funded

a. 1999-00 ADA (1999-00 Form K-12(P-2),
EDP 097, Line D-24b3).....(B-1a)

_____.

009

Elementary Cap Factor.....0.00375*
High School Cap Factor.....0.00625*
Unified Cap Factor.....0.00500*

b. Community Day School Cap. Line B-1a times
percentage factor for appropriate type of
district (Round to a whole number)..(B-1b)

_____.

011

2. Multiply Line B-1b times \$4,381.....(B-2)

013

\$ _____

3. ADA qualifying for 5th hour additional
funding (Form J-18/19, Line O-2a).....(B-3)

_____.

015

4. ADA qualifying for 6th hour additional
funding (Form J-18/19, Line O-2b).....(B-4)

_____.

017

5. Sum of Lines B-3 and B-4.....(B-5)

_____.

019

6. Multiply Line B-5 times \$2,191 (Round to whole number).....(B-6)

021

\$ _____

7. Enter the lesser of Line B-2 or Line B-6.....(B-7)

023

\$ _____

*If sufficient funds are available, SFSD may increase the cap percentages by one-half.

C. Community Day School Waiver Funding. (Only for school districts with fewer than 2,501 ADA, and only if the SPI has approved a Community Day School Waiver under E.C. 48664(d).)

1. Approved waiver amount (Not to exceed rate for 1 FTE certificated employee on Schedule F-High School).....(C-1)
2. Community Day School Annual ADA funded by this waiver. (Form J-18/19, Line A-13).....(C-2)
3. Base Revenue Limit per ADA (Form K-12, Line B, EDP 024)...(C-3)
4. Revenue Limit for Community Day School ADA. Multiply Line C-2 by Line C-3 (Round to a whole number).....(C-4)
5. Community Day School Waiver Funding. Line C-1 minus Line C-4 (If negative, enter -0-).....(C-5)

EDP NO.	WHOLE NUMBERS ONLY UNLESS DECIMAL POINT IS PROVIDED
040	\$ _____
041	_____.
042	\$ _____.
043	\$ _____
046	\$ _____
025	_____
027	_____
029	_____
031	\$ _____
800	\$ _____

D. After-School Supervised Attendance

1. Number of Pupil Hours for 7th hour (Form J-18/19, Line O-3a).....(D-1)
2. Number of Pupil Hours for 8th hour (Form J-18/19, Line O-3b).....(D-2)
3. Sum of Lines D-1 and D-2.....(D-3)
4. Line D-3 times \$4.19 (Round to whole number).....(D-4)

E. Total Community Day School Additional Funding. Sum Lines A-4, B-7, C-5 and D-4. Enter here and on Form K-12, Line K, EDP 800 (Round to whole number).....(E)